

regulations that CMS, after consulting with JCAHO or AOA, identifies as being higher or more precise than the requirements for accreditation (section 1865(a)(4) of the Act).

(b) *Deemed status for providers and suppliers that participate in the Medicaid program.* Eligibility for Medicaid participation can be established through Medicare deemed status for providers and suppliers that are not required under Medicaid regulations to comply with any requirements other than Medicare participation requirements for that provider or supplier type.

(c) *Release and use of hospital accreditation surveys.* (1) A hospital deemed to meet program requirements must authorize its accreditation organization to release to CMS and the State survey agency a copy of its most current accreditation survey together with any other information related to the survey that CMS may require (including corrective action plans).

(2) CMS may use a validation survey, an accreditation survey or other information related to the survey to determine that a hospital does not meet the Medicare conditions of participation.

(3) CMS may disclose the survey and information related to the survey to the extent that the accreditation survey and related survey information are related to an enforcement action taken by CMS.

[58 FR 61840, Nov. 23, 1993]

#### **§ 488.6 Other national accreditation programs for hospitals and other providers and suppliers.**

(a) In accordance with the requirements of this subpart, a national accreditation program for hospitals; psychiatric hospitals; transplant centers, except for kidney transplant centers; SNFs; HHAs; ASCs; RHCs; CORFs; hospices; religious nonmedical health care institutions; screening mammography services; critical access hospitals; or clinic, rehabilitation agency, or public health agency providers of outpatient physical therapy, occupational therapy or speech pathology services may provide reasonable assurance to CMS that it requires the providers or suppliers it accredits to meet requirements that are at least as stringent as the Medicare conditions when taken as a whole.

In such a case, CMS may deem the providers or suppliers the program accredits to be in compliance with the appropriate Medicare conditions. These providers and suppliers are subject to validation surveys under § 488.7 of this subpart. CMS will publish notices in the FEDERAL REGISTER in accordance with § 488.8(b) identifying the programs and deeming authority of any national accreditation program and the providers or suppliers it accredits. The notice will describe how the accreditation organization's accreditation program provides reasonable assurance that entities accredited by the organization meet Medicare requirements. (See § 488.5 for requirements concerning hospitals accredited by JCAHO or AOA.)

(b) Eligibility for Medicaid participation can be established through Medicare deemed status for providers and suppliers that are not required under Medicaid regulations to comply with any requirements other than Medicare participation requirements for that provider or supplier type.

(c)(1) A provider or supplier deemed to meet program requirements under paragraph (a) of this section must authorize its accreditation organization to release to CMS and the State survey agency a copy of its most current accreditation survey, together with any information related to the survey that CMS may require (including corrective action plans).

(2) CMS may determine that a provider or supplier does not meet the Medicare conditions on the basis of its own investigation of the accreditation survey or any other information related to the survey.

(3) Upon written request, CMS may disclose the survey and information related to the survey—

(i) Of any HHA; or

(ii) Of any other provider or supplier specified at paragraph (a) of this section if the accreditation survey and related survey information relate to an enforcement action taken by CMS.

[58 FR 61840, Nov. 23, 1993, as amended at 62 FR 46037, Aug. 29, 1997; 64 FR 67052, Nov. 30, 1999; 72 FR 15278, Mar. 30, 2007]

#### **§ 488.7 Validation survey.**

(a) *Basis for survey.* CMS may require a survey of an accredited provider or